

Washington State Department of Health
Office of Infectious Disease and Reproductive Health
Performance Measure 2, Reporting Measure C
Planned Measurement Fields – HIV, STDs, and TB

Measurement Fields – Dates

STDs	HIV	Tuberculosis
Date of Diagnosis	Date of Diagnosis	Date patient presented with symptoms of tuberculosis
Date LHJ Receives Provider Case Report	Date LHJ receives a report indicative of a new HIV infection	Date LHJ receives laboratory report or provider notification
Date of First Attempt To Contact Index Patient	Date of First Attempt To Contact Index Patient	Date of First Identification of Exposed Contacts
Date First Tested (this infection)	Date First Tested (this infection)	Date First Sputum or other lab test for TB
		Date Therapy Started
		Date Submitted to DOH

Measurement Fields – Demographics and Diagnostic Information

STDs	HIV	Tuberculosis
Name	Name	Name
Address	Address	Address
Race	Race	Race
Ethnicity	Ethnicity	Ethnicity
Birth Date	Birth Date	Birth Date
Diagnosis	Diagnosis	Diagnosis
Treated		Treatment Start Date
	Risk	
Reporting (Submitting) Provider	Reporting Facility, Reporting (Submitting) Provider	Reporting Provider

Measurement Fields – Case Investigation

STDs	HIV	Tuberculosis
Index Case Partner Management	Index Case Interviewed	Investigation of Exposed Contacts Initiated
All Initiated Partners Closed	All Initiated Partners Closed	All Initiated Contacts Closed

For detailed information on what information is necessary for each measurement field to be considered “competent”, see pages 2 and 3 for STDs, pages 4 and 5 for HIV, and pages 6 and 7 for TB.

Field	Description and Comments
Date of Diagnosis	This is the date of diagnosis by the reporting provider or an appropriate proxy such as date tested. A date must be entered in either Date of Diagnosis or Date Tested for the field to be considered complete.
Date LHJ Receives Provider Case Report	This is the date the LHJ receives a case report with a diagnosis of an STD from the reporting provider. A date must be entered for the field to be considered complete. (the report can be submitted by phone, fax, or hard copy)
Date of First Attempt To Contact Index Patient	This is the date LHJ staff first attempt to contact the index patient for the purpose of assuring exposed partners and the source of the infection are notified. A date must be entered for the field to be considered complete.
Date First Tested (this infection)	This is the date when the index patient was first tested for this infection. A date must be entered for the field to be considered complete.

STD Measurement Fields – Demographics and Diagnostic Information

Field	Description and Comments
Name	A name must be entered for the field to be considered complete.
Address	An address must be entered for the field to be considered complete.
Race	One of the seven options in the Race area of the STD case report form must be completed.
Ethnicity	One of the three options in the Ethnicity area of the STD case report form must be completed.
Birth Date	A birth date must be entered for the field to be considered complete.
Diagnosis	Check the diagnosis of gonorrhea or Chlamydia or any other STDs that apply to this index patient at this time. At least one diagnosis must be checked for the field to be considered complete.
Treated	Either a date of treatment or the particular treatment specified for the field to be considered complete. Both the treatment date and the specific treatment are preferred.
Reporting (Submitting) Provider	Either the name of the reporting health care provider or health care facility must be entered for the field to be considered complete. Address and phone number are desirable.

STD Measurement Fields – Case Investigation

Field		Description and Comments
Index Case Partner Management		The date of interview of the index patient for the purpose of notifying exposed partners on the Integrated Partner Services Record must be entered for the field to be considered complete. STD cases that are index cases that are not interviewed should leave this date field blank.
Chlamydia and Gonorrhea		
	EPT Counties	<p>This field will be considered complete, if in the <u>Partner Management Plan</u> section of the case report form, any of the following are true:</p> <p>None of the three Plan choices are checked, AND an Integrated Partner Services Record is completed with a Date of Interview.</p> <p>Plan choice one (1) is checked, AND an Integrated Partner Services Record is completed with a Date of Interview.</p> <p>Either Plan choice (2) or (3) are checked</p>
	Non-EPT Counties	This field will be considered complete, if an Integrated Partner Services Record (DOH Publication (347-104 or #347-596) is completed with a Date of Interview.
Syphilis		
	Primary, Secondary or Early Latent Under One Year diagnoses	This field will be considered complete, if an Integrated Partner Services Record (DOH Publication (347-104 or #347-596) is completed with a Date of Interview.
	Late Latent Over One Year, Congenital, Neurosyphilis, Late diagnoses	No additional case follow-up or interview of the index patients is required.
Herpes Simplex – Genital or Neonatal		No additional case follow-up or interview of the index patients is required.
Chancroid, Granuloma Inguinale, Lymphogranuloma Venereum		This field will be considered complete, if an Integrated Partner Services Record (DOH Publication (347-104 or #347-596) is completed with a Date of Interview.
All Initiated Partners Closed		All partners listed for investigation on an Integrated Partner Services Record are closed (dispositioned) on the Record.

HIV Measurement Fields – Dates

Field	Description and Comments
Date of Diagnosis	This is the date of diagnosis by the reporting provider or an appropriate proxy such as a laboratory report of a confirmatory test. A date must be entered for the field to be considered complete.
Date LHJ Receives a report indicative of a new HIV infection	This is the date the LHJ receives a report indicative of a new HIV infection as described in the scenarios in the Procedures document sent out in May. This is the field that has been added to the back of the case report form and to the top of the Partner Counseling Record (PCR) form and must be entered on at least one of these documents for the field to be considered complete.
Date of First Attempt To Contact Index Patient	This is the date LHJ staff first attempt to contact the index patient for the purpose of assuring exposed partners are notified. A date must be entered for the field to be considered complete.
Date First Tested - this infection (from PCR form)	This is the date when the index patient was first tested for this infection. A date must be entered for the field to be considered complete.

HIV Measurement Fields – Demographics and Diagnostic Information

Field	Description and Comments
Name	A name must be entered for the field to be considered complete.
Address	Current street address, City, and Zip Code must be entered on the Adult Case Report and Residence Zip and County must be entered on the Partner Counseling Record for the field to be considered complete.
Race	One of the options in the Race area of the Adult Case Report form and the Partner Counseling Record must be completed.
Ethnicity	One of the options in the Ethnicity area of the Adult Case Report form and the Partner Counseling Record must be completed.
Birth Date	A birth date must be entered on the Adult Case Report and an age must be entered on the Partner Counseling Record for the field to be considered complete.
Risk	“Patient History Since 1977” on the HIV/AIDS Case Report and “Risk” on the Partner Counseling Record must be entered for the field to be considered complete.
Reporting Facility, Reporting (Submitting) Provider	The name of the reporting health care facility must be entered on the Adult Case Report for the field to be considered complete. Reporting (submitting) provider and phone number are desirable.

HIV Measurement Fields – Case Investigation

Field	Description and Comments
Index Case Interviewed	The date of interview of the index patient for the purpose of notifying exposed partners on the Partner Counseling Record must be entered for the field to be considered complete. HIV cases that are index cases that are not interviewed should leave this date field blank.
All Initiated Partners Closed	All partners listed for investigation on a Partner Counseling Record are closed (dispositioned) on the Record.

TB Measurement Fields – Dates

Field	Description and Comments
Date patient presented with symptoms of tuberculosis	This is the date patient presented with symptoms of tuberculosis as recorded on 1c. of the TB Cohort form. A date must be entered for the field to be considered complete.
Date LHJ Receives Notification	This is the date the LHJ receives the initial lab report or other provider notification of suspect or confirmed TB. A date must be entered on the TB Cohort form for the field to be considered complete.
Date of First Identification of Exposed Contacts	This is the date LHJ staff first identified exposed contacts to a TB case as recorded on 5. of the TB Cohort form. A date must be entered for the field to be considered complete.
Date First Tested (this infection)	This is the date when the index patient was first tested by sputum or other laboratory test for TB. A date must be entered for the field to be considered complete.
Date Therapy Started	Enter the date (month, day, year) the patient began multi-drug therapy for TB disease or suspected TB disease. This may be one of several dates: <ul style="list-style-type: none"> a. Date patient first ingested medication, if documented from a medical record, such as hospital or clinic or directly observed therapy (DOT) record, or b. Date medication was first dispensed to the patient, as documented by medical or pharmacy record, or c. Date medication was first prescribed to the patient by health care provider, as documented by medical record or by prescription given to patient.
Date Submitted	Indicate the date the Reported Verified Case of TB (RVCT) form was submitted to or completed by the state health department. The state health department reviews the RVCT to determine whether or not to officially count the TB patient as a TB case ("date counted").

TB Measurement Fields – Demographics and Diagnostic Information

Field	Description and Comments
Name	A name must be entered for the field to be considered complete.
Address	An address must be entered for the field to be considered complete.
Race	Indicate the race that the person considers themselves to be – select one or more of the five options.
Ethnicity	Indicate the ethnicity that the person considers themselves to be – select one of the two options.
Birth Date	A birth date must be entered for the field to be considered complete.

TB Measurement Fields –Contact Investigation

Field	Description and Comments
Investigation of exposed contacts	The date when the first contact was identified (usually when case was interviewed).
All Initiated Contacts Closed	All contacts listed on Department of Health TB contact investigation form need a final date of disposition for completion or discontinued status.